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## \*BIBDATASHEET\*

CONFIRMATION NO. 4797

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/219,442	<b>FILING OR 371(c) DATE</b> 12/23/1998 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> PF112P2D1
<b>APPLICANTS</b> JING-SHAN HU, SUNNYVALE, CA; CRAIG A. ROSEN, LAYTONSVILLE, MD; LIANG CAO, HONG KONG, HONG KONG;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/999,811 12/24/1997 PAT 5,932,540 which is a CIP of 08/465,968 06/06/1995 PAT 6,608,182 and is a CIP of 08/207,550 03/08/1994 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/20/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 32
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 28730				
<b>TITLE</b> VASCULAR ENDOTHELIAL GROWTH FACTOR 2 AND METHODS OF USE				
<b>FILING FEE RECEIVED</b> 9334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	